

Research Question:

Specific Aim(s):

Brief description of methods:

Subjects:

	Number	Check one or both		Comments
		Baseline	F/U	
AD				
MCI				
Controls				
Converters				

Brief description of data for analyses: (please also submit a detailed data request form)

Clinical	Neuropsych	Genetics	Biomarkers	Clinical Labs

Statistical Analysis plan (be brief):

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References (provide full citation of most relevant to research question/methods):

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Proposal Name: _____ Date _____

Requested by: _____ email: _____

Criteria, if any

Include visit(s): Baseline All visits Other _____

Mark the boxes beside the data items you want included in the results. If you want all the variables on a particular form, you only need to check the global checkbox. Submit this form along with a description of your proposal to the TARCC Steering Committee. No data will be provided until approval is granted.

Subject Identifiers, Visit, Patient Type included with all queries

<input type="checkbox"/>	Variable	Form	Var Name
<input checked="" type="checkbox"/>	Center number	All	SiteID
<input checked="" type="checkbox"/>	TARCC Subject ID	All	StudyNo
<input checked="" type="checkbox"/>	Date of visit or exit	All	EventDate
<input checked="" type="checkbox"/>	Visit Number (-9 means exit)	All	Visit
<input checked="" type="checkbox"/>	Flag if Spanish translation used	All	Spanish_Forms
<input checked="" type="checkbox"/>	Patient type at this visit	P1#1	Pt_Type
<input type="checkbox"/>	If other, specify <i>(added V3 9/2003)</i>	P1#1	Pt_Type_othX

(A1) Demographics Check here to receive all variables.

Note: Items 3-7 available Visit 1 only.

<input type="checkbox"/>	Variable	Form	Var Name
<input type="checkbox"/>	Year of Birth	A1#1	BIRTHYR
<input type="checkbox"/>	Gender	A1#2	SEX
<input type="checkbox"/>	Race and Ethnicity (optional after visit 1)	A1#3-6	HISPANIC/ HISPOR/ HISPORX/ RACE/ RACEX/ RACESEC/ RACESECX/ RACETER/ RACETERX
<input type="checkbox"/>	Primary Language (optional after visit 1)	A1#7	PRIMLANG/ PRIMLANX
<input type="checkbox"/>	Years of Education	A1#8	EDUC
<input type="checkbox"/>	Living situation	A1#9	LIVSIT/ LIVSITX
<input type="checkbox"/>	Level of independence	A1#10	INDEPEND
<input type="checkbox"/>	Type of residence	A1#11	RESIDENC/ RESIDENX
<input type="checkbox"/>	Residence zip code (1 st 3 digits)	A1#12	ZIP
<input type="checkbox"/>	Marital status	A1#13	MARISTAT/ MARISTAX
<input type="checkbox"/>	Left/Right handed (optional after visit 1)	A1#14	HANDED

(A3) Family History Check here to receive all variables. (form added 1/2008 v2.1)

	Variable	Form	Var Name
<input type="checkbox"/>	Mother w/ dementia	A3#1	MOMDEM
<input type="checkbox"/>	Father w/ dementia	A3#2	DADDEM
<input type="checkbox"/>	Subject a twin? (optional after visit 1)	A3#3	TWIN
<input type="checkbox"/>	Number of siblings	A3#4	SIBS
<input type="checkbox"/>	Number of siblings w/ dementia	A3#5	SIBSDEM
<input type="checkbox"/>	Number of children	A3#6	KIDS
<input type="checkbox"/>	Number of children w/ dementia	A3#7	KIDSDEM

(A4) Medications Check here to receive all variables. (current version effective 1/2013 V5)

	Variable	Form	Var Name
	NSAID (Prescription)		
<input type="checkbox"/>	Currently taking NSAID medications?	A4#1	PMEDS
<input type="checkbox"/>	Prescription NSAID, name	A4#1	PM?
<input type="checkbox"/>	Previously captured? (added 1/2013 V5)	A4#1	PM?Prev
<input type="checkbox"/>	Route (added 1/2013 V5)	A4#1	Pm?Rt
<input type="checkbox"/>	Prescription NSAID, Strength/Frequency	A4#1	PM?S, PM?SU, PM?F, PM?FU
<input type="checkbox"/>	Start Date (added 1/2013 V5)	A4#1	PM?StMo, PM?StDa, PM?StYr
<input type="checkbox"/>	Prescription NSAID, As PRN	A4#1	PM?P
<input type="checkbox"/>	Prescription NSAID, As PRN Frequency (discontinued 1/2013 V5)	A4#1	PM?PF, PM?PFU
	NSAID (Non-Prescription)		
<input type="checkbox"/>	Non-Prescription NSAID, name	A4#1	NM?
<input type="checkbox"/>	Previously captured? (added 1/2013 V5)	A4#1	NM?Prev
<input type="checkbox"/>	Route (added 1/2013 V5)	A4#1	Nm?Rt
<input type="checkbox"/>	Non-Prescription NSAID, Strength/Frequency	A4#1	NM?S, NM?SU, NM?F, NM?FU
	Vitamin E		
<input type="checkbox"/>	Vitamin E current	A4#2	VitEnow
<input type="checkbox"/>	Vitamin E ever	A4#2	VitEever
<input type="checkbox"/>	Vitamin E name (added 1/2013 V5)	A4#2	VE?
<input type="checkbox"/>	Previously captured? (added 1/2013 V5)	A4#2	VE?Prev
<input type="checkbox"/>	Route (added 1/2013 V5)	A4#2	VE?Rt
<input type="checkbox"/>	Prescription NSAID, Strength/Frequency (added 1/2013 V5)	A4#2	VE?S, VE?SU, VE?F, VE?FU
<input type="checkbox"/>	Start Date (added 1/2013 V5)	A4#2	VE?StMo, VE?StDa, VE?StYr

*Replace ? with letters a-d to get variable names for 4 rows.

	Variable	Form	Var Name
	Anti-Dementia		
<input type="checkbox"/>	Anti-Dementia drug Current	A4#3	ADMEDNOW
<input type="checkbox"/>	Anti-Dementia drug Ever	A4#3	ADMEDEVER
<input type="checkbox"/>	Anti-Dementia drug Name	A4#3	AD?
<input type="checkbox"/>	Anti-Dementia drug, previously captured	A4#3	AD?PREV
<input type="checkbox"/>	Anti-Dementia drug Route (added 1/2013 V5)	A4#3	AD?Rt
<input type="checkbox"/>	Anti-Dementia drug, Strength/Frequency	A4#3	AD?S, AD?SU, AD?F, AD?FU
<input type="checkbox"/>	Anti-Dementia drug, Start End date, Continuing discontinued 1/2013 V5	A4#3	AD?St, AD?End, AD?Cont (discontinued)
	Systemic Steroids, Chemo, ... added V5 1/2013		
<input type="checkbox"/>	Systemic Steroids drug name	A4#4	SS?
<input type="checkbox"/>	Systemic Steroids drug, previously captured	A4#4	SS?PREV
<input type="checkbox"/>	Systemic Steroids drug Route	A4#4	SS?Rt
<input type="checkbox"/>	Systemic Steroids drug, Strength/Frequency	A4#4	SS?S, SS?SU, SS?F, SS?FU
<input type="checkbox"/>	Systemic Steroids drug, Start date	A4#4	SS?St

*Replace ? with letters a-f for 6 rows.

(A5) Health History Check here to receive all variables.

	Variable	Form	Var Name
	Health History, Cardiovascular Disease	A5#1	
<input type="checkbox"/>	Heart attack/cardiac arrest	A5#1a	CVHATT
<input type="checkbox"/>	Atrial fibrillation	A5#1b	CVAFIB
<input type="checkbox"/>	Angioplasty/endarterectomy/stent	A5#1c	CVANGIO
<input type="checkbox"/>	Cardiac bypass procedure	A5#1d	CVBYPASS
<input type="checkbox"/>	Pacemaker	A5#1e	CVPACE
<input type="checkbox"/>	Congestive heart failure	A5#1f	CVCHF
<input type="checkbox"/>	Other	A5#1g	CVOTHR/ CVOTHRX
	Health History, Cerebrovascular Disease		
<input type="checkbox"/>	Stroke	A5#2a	CBSTROKE
<input type="checkbox"/>	Stroke year	A5#2a	STROK1YR/ STROK2YR/ STROK3YR/ STROK4YR/ STROK5YR/ STROK6YR
<input type="checkbox"/>	Transient ischemic attack	A5#2b	CBTIA
<input type="checkbox"/>	Transient ischemic attack year	A5#2b	TIA1YR/ TIA2YR/ TIA3YR/ TIA4YR/ TIA5YR/ TIA6YR
<input type="checkbox"/>	Other	A5#2c	CBOTHR
<input type="checkbox"/>	Other, specify	A5#2c	CBOTHRX

	Variable	Form	Var Name
	Health History, Parkinsonian Features		
<input type="checkbox"/>	Parkinson's disease	A5#3a	PD
<input type="checkbox"/>	Parkinson's disease, YR of DX	A5#3a	PDYR
<input type="checkbox"/>	Other Parkinsonism disorder	A5#3b	PDOTHR
<input type="checkbox"/>	Other Parkinsonism disorder, YR of DX	A5#3b	PDOTHRYR
	Health History, Neurologic Condition Other		
<input type="checkbox"/>	Seizures	A5#4a	SEIZURES
<input type="checkbox"/>	Traumatic brain injury w/ loss of consciousness <5min	A5#4b1	TRAUMBRF
<input type="checkbox"/>	Traumatic brain injury w/ loss of consciousness ≥5min	A5#4b2	TRAUMEXT
<input type="checkbox"/>	Traumatic brain injury w/ chronic deficit or dysfunction	A5#4b3	TRAUMCHR
<input type="checkbox"/>	Other	A5#4c	NCOTHR
<input type="checkbox"/>	Other, specify	A5#4c	NCOTHRX
	Health History, Medical/Metabolic Conditions		
<input type="checkbox"/>	Hypertension	A5#5a	HYPERTEN
<input type="checkbox"/>	Hypercholesterolemia	A5#5b	HYPERCHO
<input type="checkbox"/>	Diabetes	A5#5c	DIABETES
<input type="checkbox"/>	B12 deficiency	A5#5d	B12DEF
<input type="checkbox"/>	Thyroid disease	A5#5e	THYROID
<input type="checkbox"/>	Incontinence – urinary	A5#5f	INCONTU
<input type="checkbox"/>	Incontinence – bowel	A5#5g	INCONTF
<input type="checkbox"/>	Cancer (added V5 1/2013)	A5#5h	CANCER
	Health History, Depression		
<input type="checkbox"/>	Active within past 2 years	A5#6a	DEP2YRS
<input type="checkbox"/>	Other episodes (prior to 2 years)	A5#6b	DEPOTHR
	Health History, Substance Abuse		
<input type="checkbox"/>	Alcohol	A5#7a	ALCOHOL
<input type="checkbox"/>	Has subject smoked cigarettes during last year? (1/2014 V6)	A5#7b0	TOBACLstYr
<input type="checkbox"/>	Cigarette, last 30 days	A5#7b1	TOBAC30
<input type="checkbox"/>	Cigarette, over 100 though life	A5#7b2	TOBAC100
<input type="checkbox"/>	Cigarette, total YR smoked	A5#7b3	SMOKYRS
<input type="checkbox"/>	Cigarette, average packs/day	A5#7b4	PACKSPER
<input type="checkbox"/>	Cigarette, age last smoked	A5#7b5	QUITSMOK
<input type="checkbox"/>	Other	A5#7c	ABUSOTHR
<input type="checkbox"/>	Other, specify	A5#7c	ABUSX
	Health History, Psychiatric Disorders		
<input type="checkbox"/>	Psychiatric disorders	A5#7d	PSYCDIS
<input type="checkbox"/>	Psychiatric disorders, specify	A5#7d	PSYCDISX

	Variable	Form	Var Name
	Chronic Inflammatory or Autoimmune Conditions Added V5 1/2013		
<input type="checkbox"/>	Inflammatory bowel disease	A5#8a	IBD
<input type="checkbox"/>	Arthritic condition	A5#8b	ARTHRITIC
<input type="checkbox"/>	Autoimmune disorders	A5#8c	AUTOIMM
<input type="checkbox"/>	Other - specify	A5#8d	CHRON_OTH, CHRON_OTHX

(B1) Evaluation-Physical

Check here to receive all variables.

	Variable	Form	Var Name
	Evaluation-Physical, Physical Measurements		
<input type="checkbox"/>	Height	B1#1	HEIGHT
<input type="checkbox"/>	Weight	B1#2	WEIGHT
<input type="checkbox"/>	BMI	calculated	BMI
<input type="checkbox"/>	Blood Pressure	B1#3	BPSYS/ BPDIAS
<input type="checkbox"/>	Heart rate	B1#4	HRATE
	Evaluation-Physical, Additional Observation-Sight		
<input type="checkbox"/>	Vision w/o lenses	B1#5	VISION
<input type="checkbox"/>	Lenses, usually	B1#6	VISCORR
<input type="checkbox"/>	Vision w/ lenses	B1#6a	VISWCORR
	Evaluation-Physical, Additional Observation-Hearing		
<input type="checkbox"/>	Hearing w/o hearing aid	B1#7	HEARING
<input type="checkbox"/>	Hearing aid, usually	B1#8	HEAR Aid
<input type="checkbox"/>	Hearing w/ hearing aid	B1#8a	HEARWAID

(B5) Behavioral Assessment Check here to receive all variables. (added 1/2008 v2.1)

	Variable	Form	Var Name
<input type="checkbox"/>	NPI informant	B5#1	NPIQINF
<input type="checkbox"/>	NPI informant, Specify	B5#1	NPIQINFX
<input type="checkbox"/>	Delusions	B5#2a	DEL
<input type="checkbox"/>	Delusions, Severity	B5#2b	DELSEV
<input type="checkbox"/>	Hallucinations	B5#3a	HALL
<input type="checkbox"/>	Hallucinations, Severity	B5#3b	HALLSEV
<input type="checkbox"/>	Agitation/aggression	B5#4a	AGIT
<input type="checkbox"/>	Agitation/aggression, Severity	B5#4b	AGITSEV
<input type="checkbox"/>	Depression/dysphoria	B5#5a	DEPD
<input type="checkbox"/>	Depression/dysphoria, Severity	B5#5b	DEPDSEV
<input type="checkbox"/>	Anxiety	B5#6a	ANX
<input type="checkbox"/>	Anxiety , Severity	B5#6b	ANXSEV
<input type="checkbox"/>	Elation/euphoria	B5#7a	ELAT
<input type="checkbox"/>	Elation/euphoria, Severity	B5#7b	ELATSEV
<input type="checkbox"/>	Apathy/indifference	B5#8a	APA
<input type="checkbox"/>	Apathy/indifference, Severity	B5#8b	APASEV
<input type="checkbox"/>	Disinhibition	B5#9a	DISN
<input type="checkbox"/>	Disinhibition, Severity	B5#9b	DISNSEV
<input type="checkbox"/>	Irritability/lability	B5#10a	IRR
<input type="checkbox"/>	Irritability/lability, Severity	B5#10b	IRRSEV
<input type="checkbox"/>	Motor disturbance	B5#11a	MOT
<input type="checkbox"/>	Motor disturbance, Severity	B5#11b	MOTSEV
<input type="checkbox"/>	Night-time behaviors	B5#12a	NITE
<input type="checkbox"/>	Night-time behaviors, Severity	B5#12b	NITSEV
<input type="checkbox"/>	Appetite/eating	B5#13a	APP
<input type="checkbox"/>	Appetite/eating, Severity	B5#13b	APPSEV

(C1) Cognitive assessment Check here to receive all variables.

Note: Scaled scores and combined scaled scores available – see end of C1 listing

	Variable	Form	Var Name
<input type="checkbox"/>	Date of test, Cognitive assessment	C1	C1DAT
	<i>Cognitive assessment, Global cognitive functioning</i>		
<input type="checkbox"/>	Total MMSE	C1#1	MMSE
<input type="checkbox"/>	CDR, Memory	C1#2a	CDRMem
<input type="checkbox"/>	CDR, Orientation	C1#2b	CDROr
<input type="checkbox"/>	CDR, Judgment	C1#2c	CDRJu
<input type="checkbox"/>	CDR, Comm. Affairs	C1#2d	CDRCA
<input type="checkbox"/>	CDR, Home/Hobbies	C1#2e	CDRHob
<input type="checkbox"/>	CDR, Personal Care	C1#2f	CDRPer
	Scores (calculated as of 1/2008 v2.1, entered prior)		
<input type="checkbox"/>	CDR, Sum of Boxes		CDRSUM
<input type="checkbox"/>	CDR, Global Score		CDRGLOB
<input type="checkbox"/>	Literacy Problem		LITPROB
	<i>Cognitive assessment, Attention</i>		
<input type="checkbox"/>	Digit Span Forward, WAIS-R	C1#3a	WAISR_DIGIF
<input type="checkbox"/>	Digit Span Backward, WAIS-R	C1#3b	WAISR_DIGIB
<input type="checkbox"/>	Longest Span Forward, WAIS-R	C1#3c	WAISR_DIGILF
<input type="checkbox"/>	Longest Span Backward, WAIS-R	C1#3d	WAISR_DIGILB
<input type="checkbox"/>	Total Score, WAIS-R	C1#3e	WAISR_DIGTot
<input type="checkbox"/>	Digit Span Forward, WAIS-III	C1#3a	WAIS3_DIGIF
<input type="checkbox"/>	Digit Span Backward, WAIS-III	C1#3b	WAIS3_DIGIB
<input type="checkbox"/>	Longest Span Forward, WAIS-III	C1#3c	WAIS3_DIGILF
<input type="checkbox"/>	Longest Span Backward, WAIS-III	C1#3d	WAIS3_DIGILB
<input type="checkbox"/>	Total Score, WAIS-III	C1#3e	WAIS3_DIGTot
<input type="checkbox"/>	Digit Span Forward, WMS-R	C1#3a	WMSR_DIGIF
<input type="checkbox"/>	Digit Span Backward, WMS-R	C1#3b	WMSR_DIGIB
<input type="checkbox"/>	Longest Span Forward, WMS-R	C1#3c	WMSR_DIGILF
<input type="checkbox"/>	Longest Span Backward, WMS-R	C1#3d	WMSR_DIGILB
<input type="checkbox"/>	Total Score, WMS-R	C1#3e	WMSR_DIGTot
<input type="checkbox"/>	Trail Making Test, A-total sec	C1#4a	TRAILA
<input type="checkbox"/>	Trail Making Test, A-total error	C1#4b	TRAILAErr
	<i>Cognitive assessment, Executive Function</i>		
<input type="checkbox"/>	Trail Making Test, B-total sec	C1#4c	TRAILB
<input type="checkbox"/>	Trail Making Test, B-total error	C1#4d	TRAILBErr
<input type="checkbox"/>	Clock drawing	C1#5	CLOCK
<input type="checkbox"/>	CLOX (Executive Clock Drawing)	C1#5a	CLOX1, CLOX2
<input type="checkbox"/>	TAPS (added 1/2014 V6)	C1#6b	TAPS

	Variable	Form	Var Name
	Texas Card Sort (added 1/2008, discontinued 9/2009)		
<input type="checkbox"/>	Texas Card Sort, Logical Sorts	C1#6a	TCS_LS
<input type="checkbox"/>	Texas Card Sort, Don't Know	C1#6b	TCS_DK
<input type="checkbox"/>	Texas Card Sort, Perseverative Sorts	C1#6c	TCS_PSV
<input type="checkbox"/>	Texas Card Sort, Other Sorts	C1#6d	TCS_OTH
	Cognitive assessment, Memory		
<input type="checkbox"/>	WMS Logical Memory I, WMS-III	C1#7a	WMS3_LMEM1
<input type="checkbox"/>	WMS-III, Story A	C1#7a-1	WMS3_Story1A
<input type="checkbox"/>	WMS-III, Story B1	C1#7a-2	WMS3_Story1B1
<input type="checkbox"/>	WMS-III, Story B2	C1#7a-3	WMS3_Story1B2
<input type="checkbox"/>	WMS Logical Memory II, WMS-III	C1#7b	WMS3_LMEM2
<input type="checkbox"/>	WMS-III, Story A	C1#7b-1	WMS3_Story2A
<input type="checkbox"/>	WMS-III, Story B	C1#7b-2	WMS3_Story2B
<input type="checkbox"/>	WMS Logical Memory I, WMS-R	C1#7a	WMSR_LMEM1
<input type="checkbox"/>	WMS-R, Story A	C1#7a-1	WMSR_Story1A
<input type="checkbox"/>	WMS-R, Story B1	C1#7a-2	WMSR_Story1B1
<input type="checkbox"/>	WMS Logical Memory II, WMS-R	C1#7b	WMSR_LMEM2
<input type="checkbox"/>	WMS-R, Story A	C1#7b-1	WMSR_Story2A
<input type="checkbox"/>	WMS-R, Story B	C1#7b-2	WMSR_Story2B
	CERAD List Learning (added 9/2009 v3)		
<input type="checkbox"/>	List Trial 1, 2, 3	C1#7.1a-c	CERAD_LL_1,2,3
<input type="checkbox"/>	Calculated Total Score		CERAD_LL_Tot
<input type="checkbox"/>	Delayed Recall	C1#7.1d	CERAD_LL_Delay
	CERAD Word Recognition (added 9/2009 v3)		
<input type="checkbox"/>	Recognition Yes Correct	C1#7.2a	CERAD_WR_Yes
<input type="checkbox"/>	Recognition No Correct	C1#7.2b	CERAD_WR_No
<input type="checkbox"/>	Calculated Recognition Discrimination		CERAD_WR_Discrim
	Cognitive assessment, Language		
<input type="checkbox"/>	Boston naming 30	C1#8	BOSTON30
<input type="checkbox"/>	Boston naming 60	C1#8	BOSTON60
	Verbal Fluency (added 1/2008 v2.1)		
<input type="checkbox"/>	FAS verbal fluency, F	C1#9	FAS_F
<input type="checkbox"/>	FAS verbal fluency, A	C1#9	FAS_A
<input type="checkbox"/>	FAS verbal fluency, S	C1#9	FAS_S
<input type="checkbox"/>	FAS Total	C1#9	FAS

	Variable	Form	Var Name
	Animal Fluency Score (added 9/2009 v3)		
<input type="checkbox"/>	Animal Fluency Total Score	C1#9.1	Animal
	Cognitive assessment, Premorbid IQ		
<input type="checkbox"/>	AMNART	C1#10	AMNART
<input type="checkbox"/>	WAT (added 9/2012)	C1#10	WAT
	Cognitive assessment, Visual Reproduction		
<input type="checkbox"/>	WMS-III(VRI),A	C1#11a	WMS3_VR_A
<input type="checkbox"/>	WMS-III(VRI),B	C1#11a	WMS3_VR_B
<input type="checkbox"/>	WMS-III(VRI),C	C1#11a	WMS3_VR_C
<input type="checkbox"/>	WMS-III(VRI),D	C1#11a	WMS3_VR_D
<input type="checkbox"/>	WMS-III(VRI),E	C1#11a	WMS3_VR_E
<input type="checkbox"/>	WMS-III(VRI)	C1#11b	WMS3_VRI
<input type="checkbox"/>	WMS-III(VRII) (added 1/2008 v2.1)		
<input type="checkbox"/>	WMS-III(VRII),A	C1#11a	WMS3_VR2_A
<input type="checkbox"/>	WMS-III(VRII),B	C1#11a	WMS3_VR2_B
<input type="checkbox"/>	WMS-III(VRII),C	C1#11a	WMS3_VR2_C
<input type="checkbox"/>	WMS-III(VRII),D	C1#11a	WMS3_VR2_D
<input type="checkbox"/>	WMS-III(VRII),E	C1#11a	WMS3_VR2_E
<input type="checkbox"/>	WMS-III(VRII)	C1#11c	WMS3_VRII
<input type="checkbox"/>	WMS-R(VRI),A	C1#11a	WMSR_VR_A
<input type="checkbox"/>	WMS-R(VRI),B	C1#11a	WMSR_VR_B
<input type="checkbox"/>	WMS-R(VRI),C	C1#11a	WMSR_VR_C
<input type="checkbox"/>	WMS-R(VRI),D	C1#11a	WMSR_VR_D
<input type="checkbox"/>	WMS-R(VRI),E	C1#11a	WMSR_VR_E
<input type="checkbox"/>	WMS-R(VRI)	C1#11b	WMSR_VRI
<input type="checkbox"/>	WMS-R(VRII) (added 1/2008 v2.1)		
<input type="checkbox"/>	WMS-R(VRII),A	C1#11a	WMSR_VR2_A
<input type="checkbox"/>	WMS-R(VRII),B	C1#11a	WMSR_VR2_B
<input type="checkbox"/>	WMS-R(VRII),C	C1#11a	WMSR_VR2_C
<input type="checkbox"/>	WMS-R(VRII),D	C1#11a	WMSR_VR2_D
<input type="checkbox"/>	WMS-R(VRII),E	C1#11a	WMSR_VR2_E
<input type="checkbox"/>	WMS-R(VRII)	C1#11c	WMSR_VRII
	Cognitive assessment, Depression		
<input type="checkbox"/>	Geriatric Depression Scale	C1#12	GDS30

	Variable	Form	Var Name
	Scaled Scores	calculated	
<input type="checkbox"/>	COWAT		SS_Cowat
<input type="checkbox"/>	Boston 60		SS_Boston60
<input type="checkbox"/>	Amnart		SS_Amnart
<input type="checkbox"/>	Trail part A		SS_TrailA
<input type="checkbox"/>	Trail part B		SS_TrailB
<input type="checkbox"/>	WMSR Logical Memory I		SS_WMSR_LM_I
<input type="checkbox"/>	WMSR Visual Reproduction I		SS_WMSR_VR_I
<input type="checkbox"/>	WMSR Digit Span		SS_WMSR_DigTot
<input type="checkbox"/>	WMSR Logical Memory II		SS_WMSR_LM_II
<input type="checkbox"/>	WMSR Visual Reproduction II		SS_WMSR_VR_II
<input type="checkbox"/>	WAISR Digit Total		SS_WAISR_DigTot
<input type="checkbox"/>	WAIS III: Verbal Subtests - digit Span.		SS_WAIS3_DigTot
<input type="checkbox"/>	WAIS III: Primary Index Subtest Scores - LMI Recall TS.		SS_WMS3_LM_I
<input type="checkbox"/>	WAIS III: Supplemental Subtest Scores - Vis Rep I Recall		SS_WMS3_VR_I
<input type="checkbox"/>	WAIS III: Primary Index Subtest Scores - LMII Recall TS.		SS_WMS3_LM_II
<input type="checkbox"/>	WAIS III: Supplemental Subtest Scores - Vis Rep II Recall TS.		SS_WMS3_VR_II
<input type="checkbox"/>	VIQ Estimate: calculated: [118.2 - .89(AMNART errors) + .64(years of education)] (available as of 1-2010)		VIQ_EST
	Combined Scaled Scores available all data as of 1-2010		
<input type="checkbox"/>	Scaled Score Digit Span (SS_WMSR_DigTot or SS_WAISR_DigTot or SS_WAIS3_DigTot)		SS_Combined_DigTot
<input type="checkbox"/>	Scaled Score Logical Memory I (SS_WMSR_LM_I or SS_WMS3_LM_I)		SS_Combined_LM_I
<input type="checkbox"/>	Scaled Score Logical Memory II (SS_WMSR_LM_II or SS_WMS3_LM_II)		SS_Combined_LM_II
<input type="checkbox"/>	Scaled Score Visual Reprod. I (SS_WMSR_VR_I or SS_WMS3_VR_I)		SS_Combined_VR_I
<input type="checkbox"/>	Scaled Score Visual Reprod. II (SS_WMSR_VR_II or SS_WMS3_VR_II)		SS_Combined_VR_II

*There is GDS15 on data dictionary but not on form C1 (discontinued 1/2008 v2.1)

(D1) Clinical Diagnosis Check here to receive all variables.

Variable	Form	Var Name
<i>Clinical DX-Cognitive status and dementia</i>		
<input type="checkbox"/> Consensus or not	D1#1	WHODIDDX
<input type="checkbox"/> Normal cognition?	D1#2	NORMCOG
<input type="checkbox"/> Dementia – meet criteria for?	D1#3	DEMENTED
If Subject does not have normal cognition and is not Demented:		
<i>Clinical DX, Impairment/MCI</i>		
<input type="checkbox"/> Amnestic MCI, memory only	D1#4a	MCIAMEM
<input type="checkbox"/> Amnestic MCI, more domains	D1#4b	MCIAPLUS
<input type="checkbox"/> Amnestic MCI, multiple, Language	D1#4b1	MCIAPLAN
<input type="checkbox"/> Amnestic MCI, multiple, Attention	D1#4b2	MCIAPATT
<input type="checkbox"/> Amnestic MCI, multiple, Executive function	D1#4b3	MCIAPEX
<input type="checkbox"/> Amnestic MCI, multiple, Visuospatial	D1#4b4	MCIAPVIS
<input type="checkbox"/> Non- amnestic MCI, single domain	D1#4c	MCINON1
<input type="checkbox"/> Non- amnestic MCI,1, Language	D1#4c1	MCIN1LAN
<input type="checkbox"/> Non- amnestic MCI,1, Attention	D1#4c2	MCIN1ATT
<input type="checkbox"/> Non- amnestic MCI,1, Executive function	D1#4c3	MCIN1EX
<input type="checkbox"/> Non- amnestic MCI,1, Visuospatial	D1#4c4	MCIN1VIS
<input type="checkbox"/> Amnestic MCI, multiple domains	D1#4d	MCINON2
<input type="checkbox"/> Amnestic MCI, multiple, Language	D1#4d1	MCIN2LAN
<input type="checkbox"/> Amnestic MCI, multiple, Attention	D1#4d2	MCIN2ATT
<input type="checkbox"/> Amnestic MCI, multiple, Executive function	D1#4d3	MCIN2EX
<input type="checkbox"/> Amnestic MCI, multiple, Visuospatial	D1#4d4	MCIN2VIS
<input type="checkbox"/> Impaired, not MCI	D1#4e	IMPNO MCI
<i>Clinical DX, Conditions</i>		
<input type="checkbox"/> Probable AD	D1#5	PROBAD
<input type="checkbox"/> Probable AD, severity if impaired	D1#5a	PROBADIF
<input type="checkbox"/> Possible AD	D1#6	POSSAD
<input type="checkbox"/> Possible AD, severity if impaired	D1#6a	POSSADIF
<input type="checkbox"/> Dementia with Lewy bodies	D1#7	DLB
<input type="checkbox"/> Dementia with Lewy bodies, severity if impaired	D1#7a	DLBIF
<input type="checkbox"/> Probable Vascular dementia	D1#8	VASC
<input type="checkbox"/> Probable Vascular dementia, severity if impaired	D1#8a	VASCIF
<input type="checkbox"/> Possible Vascular dementia (added V5 1/2013)	D1#8.1	POS_VASC
<input type="checkbox"/> Possible Vascular dementia, severity if impaired (added V5 1/2013)	D1#8.1a	POS_VASCIF
<input type="checkbox"/> Alcohol-related dementia	D1#9	ALCDEM
<input type="checkbox"/> Alcohol-related dementia, severity if impaired	D1#9a	ALCDEMIF
<input type="checkbox"/> Dementia of undetermined etiology	D1#10	DEMUN
<input type="checkbox"/> Dementia of undetermined etiology, severity if impaired	D1#10a	DEMUNIF

	Variable	Form	Var Name
<input type="checkbox"/>	FTD	D1#11	FTD
<input type="checkbox"/>	FTD, severity if impaired	D1#11a	FTDIF
<input type="checkbox"/>	Primary progressive aphasia	D1#12	PPAPH
<input type="checkbox"/>	Primary progressive aphasia, severity if impaired	D1#12a	PPAPHIF
	Variable	Form	Var Name
<input type="checkbox"/>	PPA, progressive nonfluent aphasia	D1#12-1	PNAPH
<input type="checkbox"/>	PPA, Semantic dementia-anomia plus word comprehension	D1#12-2	SEMDEMAN
<input type="checkbox"/>	PPA, Semantic dementia-agnostic variant	D1#12-3	SEMDEMAG
<input type="checkbox"/>	PPA, other	D1#12-4	PPAOTHR
<input type="checkbox"/>	Progressive supranuclear palsy	D1#13	PSP
<input type="checkbox"/>	Progressive supranuclear palsy, severity if impaired	D1#13a	PSPIF
<input type="checkbox"/>	Corticobasal degeneration	D1#14	CORT
<input type="checkbox"/>	Corticobasal degeneration, severity if impaired	D1#14a	CORTIF
<input type="checkbox"/>	Huntington's disease	D1#15	HUNT
<input type="checkbox"/>	Huntington's disease, severity if impaired	D1#15a	HUNTIF
<input type="checkbox"/>	Prion disease	D1#16	PRION
<input type="checkbox"/>	Prion disease, severity if impaired	D1#16a	PRIONIF
<input type="checkbox"/>	Cognitive dysfunction from medications	D1#17	MEDS
<input type="checkbox"/>	Cognitive dysfunction from medications, severity if impaired	D1#17a	MEDSIF
<input type="checkbox"/>	Cognitive dysfunction from medical illnesses	D1#18	DYSILL
<input type="checkbox"/>	Cognitive dysfunction from medical illnesses, severity if impaired	D1#18a	DYSILLIF
<input type="checkbox"/>	Depression (major)	D1#19	DEP
<input type="checkbox"/>	Depression, severity if impaired	D1#19a	DEPIF
<input type="checkbox"/>	Other major psychiatric illness	D1#20	OTHPSY
<input type="checkbox"/>	Other major psychiatric illness, severity if impaired	D1#20a	OTHPSYIF
<input type="checkbox"/>	Down's syndrome	D1#21	DOWNS
<input type="checkbox"/>	Down's syndrome, severity if impaired	D1#21a	DOWNSIF
<input type="checkbox"/>	Parkinson's disease	D1#22	PARK
<input type="checkbox"/>	Parkinson's disease, severity if impaired	D1#22a	PARKIF
<input type="checkbox"/>	Stroke	D1#23	STROKE
<input type="checkbox"/>	Stroke, severity if impaired	D1#23a	STROKEIF
<input type="checkbox"/>	Hydrocephalus	D1#24	HYCEPH
<input type="checkbox"/>	Hydrocephalus, severity if impaired	D1#24a	HYCEPHIF
<input type="checkbox"/>	Traumatic brain injury	D1#25	BRNINJ
<input type="checkbox"/>	Traumatic brain injury, severity if impaired	D1#25a	BRNINJIF
<input type="checkbox"/>	CNS neoplasm	D1#26	NEOP
<input type="checkbox"/>	CNS neoplasm, severity if impaired	D1#26a	NEOPIF
<input type="checkbox"/>	Other	D1#27	COGOTH
<input type="checkbox"/>	Other, severity if impaired	D1#27a	COGOTHIF
<input type="checkbox"/>	Other, specify	D1#27	COGOTHX

(F1) PSMS Check here to receive all variables.

(Added 1/2008 v2.1)

	Variable	Form	Var Name
<input type="checkbox"/>	Toilet	F1#1	PSMS1
<input type="checkbox"/>	Feeding	F1#2	PSMS2
<input type="checkbox"/>	Dressing	F1#3	PSMS3
<input type="checkbox"/>	Grooming	F1#4	PSMS4
<input type="checkbox"/>	Physical ambulation	F1#5	PSMS5
<input type="checkbox"/>	Bathing	F1#6	PSMS6

(F2) IADL Check here to receive all variables.

(Added 1/2008 v2.1)

	Variable	Form	Var Name
<input type="checkbox"/>	Telephone	F2#1	IADL1
<input type="checkbox"/>	Shopping	F2#2	IADL2
<input type="checkbox"/>	Food preparation	F2#3	IADL3
<input type="checkbox"/>	Housekeeping	F2#4	IADL4
<input type="checkbox"/>	Laundry	F2#5	IADL5
<input type="checkbox"/>	Mode of transportation	F2#6	IADL6
<input type="checkbox"/>	Ability to handle finances	F2#7	IADL7
<input type="checkbox"/>	Responsible for own medications	F2#8	IADL8

(I1) Informant Contact Check here to receive all variables.

(Added 1/2008 v2.1)

	Variable	Form	Var Name
<input type="checkbox"/>	How contacted	I1#1	INHowContact
<input type="checkbox"/>	Date of contact	I1#2	InDteCont
<input type="checkbox"/>	Informant's year of birth	I1#3	INBIRYR
<input type="checkbox"/>	Informant's sex	I1#4	INSEX
<input type="checkbox"/>	New informant? (1=Yes, 0=No) added v4 1-1-2010 If yes, skip to #9	I1#4a	IsNewInform
<input type="checkbox"/>	Informant's ethnicity and race	I1#5-8	INHISP, INHISPOR, INHISPOX, INRACE, INRACEX, INRASEC, INRASECX, INRATER, INRATERX
<input type="checkbox"/>	Informant's years of education	I1#9	INEDUC
<input type="checkbox"/>	Informant's relationship to subject	I1#10	INRELTO, INRELTOX
<input type="checkbox"/>	Does informant live with subject?	I1#11	INLIVWTH
<input type="checkbox"/>	If no, frequency of visits	I1#11a	INVISITS
<input type="checkbox"/>	If no, frequency of phone contact	I1#11b	INCALLS
<input type="checkbox"/>	Is there question about informant's reliability?	I1#12	INRELY

(X1) Clinical Information Check here to receive all variables.

This form discontinued V5 (1/2013)

Variable	Form	Var Name
Clinical Information, Memory Complaint/Age of Onset		
<input type="checkbox"/> Subject report decline in memory	X1#1	DeclineSub
<input type="checkbox"/> Clinician, meaningful overall decline	X1#2a	DeclineCl
<input type="checkbox"/> Age start decline (caregiver)	X1#2b	DeclineAge
<input type="checkbox"/> Physician's estimate of duration(YR) (Discontinued 9/2009 v3)	X1#2c	PhyEstDur
Clinical Information, Cardiovascular disease and related risk factors (based on current assessment)		
<input type="checkbox"/> Hyperlipidemia?	X1#3	Hyperlip_Has
<input type="checkbox"/> Hyperlipidemia, self report	X1#3a	Hyperlip_SR
<input type="checkbox"/> Hyperlipidemia, use of cholesterol-lowering agents?	X1#3b	Hyperlip_Med
<input type="checkbox"/> Hyperlipidemia, Other comment	X1#3c	Hyperlip_OthX
Hyperlipidemia, data items discontinued V4, 1/2010: total serum cholesterol>220mg/dL, total serum cholesterol=, LDL> 140mg/dL, LDL =		CHgt220, Chol, LDLGgt140, LDL
<input type="checkbox"/> Diabetes	X1#4	DM_Has
<input type="checkbox"/> Diabetes, self report	X1#4a	DM_SR
<input type="checkbox"/> Diabetes, history of medication/treatment/agents	X1#4b	DM_Med
<input type="checkbox"/> Diabetes, Other comment	X1#4c	DM_OthX
Diabetes, data items discontinued V4, 1/2010: fasting glucose>126mg/dL, Glucose value=		GLUgt126, Glucose
<input type="checkbox"/> Hypertension	X1#5	Hyper_Has
<input type="checkbox"/> Hypertension, self report	X1#5a	Hyper_SR
<input type="checkbox"/> Hypertension, use of medication/treatment/agents	X1#5b	Hyper_Med
<input type="checkbox"/> Hypertension, Other comment	X1#5c	Hyper_OthX
Hypertension, data items discontinued V4, 1/2010: SBP>140mmHg, SBP=, DBP>90mmHg, DBP=		SYSgt140, SYS, DIAgt90, DIA
<input type="checkbox"/> Obesity	X1#6	Obese_Is
<input type="checkbox"/> Obesity, abdominal obesity?	X1#6a	Obese_Ab
<input type="checkbox"/> Obesity, BMI>30	X1#6b	BMIgt30
<input type="checkbox"/> Obesity, Other comment	X1#6c	Obese_OthX
Obesity, data items discontinued V4, 1/2010: waist circumference=, BMI=		Waist, BMI
Clinical Information, Other information		
Other Information, data items discontinued V4, 1/2010: Atrial fibrillation, self-report, Other arrhythmias, self-report, Myocardial infarction, self- report, Congestive heart failure, self-report, Angina pectoris, self-report		Atrial_SR, Arrhy_SR, MI_SR, CHF_SR, Angina_SR

*There are "Smoke current" and "Smoke ever" in data dictionary (discontinued 1/2008 v2.1)

(X2) Physician estimate of duration Check here to receive all variables.

	Variable	Form	Var Name
<input type="checkbox"/>	Informant's estimate of duration of symptoms, months	X2#1	IdurM
<input type="checkbox"/>	Informant's estimate of duration of symptoms, years	X2#1	IdurY
<input type="checkbox"/>	Estimated duration of symptoms based on medical records, months	X2#2	MRdurM
<input type="checkbox"/>	Estimated duration of symptoms based on medical records, years	X2#2	MRdurY
<input type="checkbox"/>	Physicians estimate of duration, years (hypothesized)	X2	PhyEst
<input type="checkbox"/>	Physicians estimate of duration, years (confirmed) Added V5 (1/2013)	X2	PhyEstFirm

(E1) Exit Check here to receive all variables.

	Variable	Form	Var Name
<input type="checkbox"/>	Date of exit of the study	E1#1	EXITDATE
<input type="checkbox"/>	Reason, withdrew	E1#2a	WITHDREW
<input type="checkbox"/>	Reason, death	E1#2b	DIED
<input type="checkbox"/>	Reason, lost of follow up	E1#2c	LOST
<input type="checkbox"/>	Reason, other	E1#2d	WDOthReas
<input type="checkbox"/>	Currently reside(d) nursing facility? (added V5 1/2013)	E1#3	RESIDE_CARE
<input type="checkbox"/>	If yes, date of entry (added V5 1/2013)	E1#3	RESIDE_DAT
<input type="checkbox"/>	Reason, comments	E1#4	WDOthReasX

(P1) Protocol Contact Check here to receive all variables.

	Variable	Form	Var Name
<input type="checkbox"/>	Patient type at this visit	P1#1	Pt_Type
<input type="checkbox"/>	Patient type other	P1#1	Pt_Type_OthX
	Following questions added 1/2008 v2.1		
<input type="checkbox"/>	Whole Blood sample collected?	P1#2	WholeBlood
<input type="checkbox"/>	Plasma sample collected?	P1#3	Plasma
<input type="checkbox"/>	Buffy coat collected?	P1#4	Buffy
<input type="checkbox"/>	Serum sample collected?	P1#5	Serum
<input type="checkbox"/>	If all samples not obtained, give reason (added 1/2014, V6)	P1#5a	WhyNotAll WhyNotAllX
	These added V5 1/2013		
<input type="checkbox"/>	Date/time last meal or snack	P1#6	DATEFOOD, TIMEFOOD
<input type="checkbox"/>	Date/time blood draw	P1#7	DATEDRAW, TIMEDRAW
<input type="checkbox"/>	Date/time fingerstick	P1#8	DATESTICK, TIMESTICK
<input type="checkbox"/>	Fingerstick blood glucose result	P1#9	BGRESULT
<input type="checkbox"/>	Agrees to share blood and genetic code w non-TARCC researchers (added 1/2014 V6)	P1#10	SHARE_AGREE SHARE_DATE
<input type="checkbox"/>	Hours since last meal or snack (discontinued V5 1/2013)	P1#7	HrsAftFood

*More Var on data dictionary: Variables discontinued 1/2008: InGenetics, GDateEnroll, DNACollected, DNAType, InBiomarker, BDateEnroll, BioSerum.

Genotyping

<input type="checkbox"/>	GWAS*
<input type="checkbox"/>	APOE

*Affy 6.0 at UNC-Chapel Hill (K. Wilhelmsen lab)

Biomarkers
RBM-MAP**

<input type="checkbox"/>	ACE (CD143)
<input type="checkbox"/>	Angiotensin Converting Enzyme
<input type="checkbox"/>	Adiponectin
<input type="checkbox"/>	Agouti-Related Protein (AgRP)
<input type="checkbox"/>	Alpha-1 Antitrypsin
<input type="checkbox"/>	Alpha-2 Macroglobulin
<input type="checkbox"/>	Alpha-Fetoprotein
<input type="checkbox"/>	Amphiregulin
<input type="checkbox"/>	Angiopoietin 2 (ANG-2)
<input type="checkbox"/>	Angiotensinogen
<input type="checkbox"/>	Apolipoprotein A1
<input type="checkbox"/>	Apolipoprotein CIII
<input type="checkbox"/>	Apolipoprotein H
<input type="checkbox"/>	ASP
<input type="checkbox"/>	AXL
<input type="checkbox"/>	B-Lymphocyte Chemoattractant (BLC)
<input type="checkbox"/>	Beta-2 Microglobulin
<input type="checkbox"/>	Betacellulin
<input type="checkbox"/>	Bone Morphogenic Protein 6 (BMP6)
<input type="checkbox"/>	Brain-Derived Neurotrophic Factor
<input type="checkbox"/>	C Reactive Protein
<input type="checkbox"/>	Cancer Antigen 125
<input type="checkbox"/>	Cancer Antigen 19-9
<input type="checkbox"/>	Carcinoembryonic Antigen
<input type="checkbox"/>	CD40
<input type="checkbox"/>	CD40 Ligand
<input type="checkbox"/>	CgA
<input type="checkbox"/>	Complement 3
<input type="checkbox"/>	Cortisol

<input type="checkbox"/>	Creatine Kinase-MB
<input type="checkbox"/>	CTGF (Connective Tissue Growth Factor)
<input type="checkbox"/>	EGF
<input type="checkbox"/>	EGF-R
<input type="checkbox"/>	ENA-78
<input type="checkbox"/>	EN-RAGE
<input type="checkbox"/>	Eotaxin
<input type="checkbox"/>	Eotaxin-3
<input type="checkbox"/>	Epiregulin
<input type="checkbox"/>	Factor VII
<input type="checkbox"/>	FAS
<input type="checkbox"/>	Fas-Ligand
<input type="checkbox"/>	Fatty Acid Binding Protein
<input type="checkbox"/>	Ferritin
<input type="checkbox"/>	Fibrinogen
<input type="checkbox"/>	FSH (Follicle Stimulation Hormone)
<input type="checkbox"/>	Galanin
<input type="checkbox"/>	G-CSF
<input type="checkbox"/>	GLP-1 active (Glucagon-like Peptide-1, active form)
<input type="checkbox"/>	Glutathione S-Transferase
<input type="checkbox"/>	GRO-alpha
<input type="checkbox"/>	Growth Hormone
<input type="checkbox"/>	Haptoglobin
<input type="checkbox"/>	HB-EGF
<input type="checkbox"/>	HCC-4
<input type="checkbox"/>	Hepatocyte Growth Factor (HGF)
<input type="checkbox"/>	I-309
<input type="checkbox"/>	ICAM-1

<input type="checkbox"/>	IFN-gamma
<input type="checkbox"/>	IgA
<input type="checkbox"/>	IgE
<input type="checkbox"/>	IGF-1
<input type="checkbox"/>	IGF BP-2
<input type="checkbox"/>	IgM
<input type="checkbox"/>	IL-10
<input type="checkbox"/>	IL-12p40
<input type="checkbox"/>	IL-13
<input type="checkbox"/>	IL-15
<input type="checkbox"/>	IL-16
<input type="checkbox"/>	IL-18
<input type="checkbox"/>	IL-1ra
<input type="checkbox"/>	IL-3
<input type="checkbox"/>	IL-5
<input type="checkbox"/>	IL-7
<input type="checkbox"/>	IL-8
<input type="checkbox"/>	Insulin
<input type="checkbox"/>	Leptin
<input type="checkbox"/>	LH (Luteinizing Hormone)
<input type="checkbox"/>	Lipoprotein (a)
<input type="checkbox"/>	MCP-1
<input type="checkbox"/>	MDC
<input type="checkbox"/>	MIF
<input type="checkbox"/>	MIP-1alpha
<input type="checkbox"/>	MIP-1beta
<input type="checkbox"/>	MMP-3
<input type="checkbox"/>	Myeloperoxidase
<input type="checkbox"/>	Myoglobin
<input type="checkbox"/>	OSM (Oncostatin M)
<input type="checkbox"/>	PAI-1
<input type="checkbox"/>	Pancreatic polypeptide
<input type="checkbox"/>	PDGF (Platelet-Derived Growth Factor)

<input type="checkbox"/>	Progesterone
<input type="checkbox"/>	Prolactin
<input type="checkbox"/>	Prostatic Acid Phosphatase
<input type="checkbox"/>	Pulmonary and Activation-Regulated Chemokine (PARC)
<input type="checkbox"/>	RANTES
<input type="checkbox"/>	Resistin
<input type="checkbox"/>	S100b
<input type="checkbox"/>	Serum Amyloid P
<input type="checkbox"/>	SGOT
<input type="checkbox"/>	SHBG

<input type="checkbox"/>	SOD
<input type="checkbox"/>	Sortilin
<input type="checkbox"/>	sRAGE
<input type="checkbox"/>	Stem Cell Factor
<input type="checkbox"/>	Tenascin C
<input type="checkbox"/>	Testosterone
<input type="checkbox"/>	TGF-alpha
<input type="checkbox"/>	Thrombopoietin
<input type="checkbox"/>	Thrombospondin-1
<input type="checkbox"/>	Thymus-Expressed Chemokine (TECK)
<input type="checkbox"/>	Thyroid Stimulating Hormone

<input type="checkbox"/>	Thyroxine Binding Globulin
<input type="checkbox"/>	TIMP-1
<input type="checkbox"/>	Tissue Factor
<input type="checkbox"/>	TNF RII
<input type="checkbox"/>	TNF-alpha
<input type="checkbox"/>	TNF-beta
<input type="checkbox"/>	TRAIL-R3
<input type="checkbox"/>	VCAM-1
<input type="checkbox"/>	VDBP (Vitamin D Binding Protein)
<input type="checkbox"/>	VEGF
<input type="checkbox"/>	von Willebrand Factor

**Rules Based Medicine (Austin, TX) – Multi-analyte panel

Biomarkers (Low Values) Not Available for Analysis
RBM-MAP**

- | | |
|---|--|
| ACTH (Adrenocorticotrop Hormone) | IL-12p70 |
| Calcitonin | IL-17 |
| Ciliary Neurotrophic Factor (CNTF) | IL-17E |
| Endothelin-1 | IL-23 |
| Erythropoietin | Lymphotactin |
| FGF basic | M-CSF (Macrophage Colony Stimulating Factor) |
| FGF-4 | MMP-2 |
| Glucagon | MMP-9 |
| GLP-1 active (Glucagon-like Peptide-1, active form) | MCP-3 |
| GM-CSF | NGFb |
| IL-1alpha | NrCAM |
| IL-1beta | PYY |
| IL-2 | PAPP-A |
| IL-4 | Prostate Specific Antigen, Free |
| IL-6 | Secretin |
| IL-11 | TGF-beta 3 |

**Rules Based Medicine (Austin, TX) – Multi-analyte panel

Biomarkers	
BCM-ACRL***	
<input type="checkbox"/> Cholesterol <input type="checkbox"/> Triglyceride <input type="checkbox"/> HDL_C <input type="checkbox"/> c-peptide	<input type="checkbox"/> Lp-PLA2 <input type="checkbox"/> Calc_LDL_C <input type="checkbox"/> Homocysteine <input type="checkbox"/> Hb-A1c

***BCM-ACRL = Atherosclerosis Clinical Research Lab (C. Ballantyne), Baylor College of Med